Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	FL-508 - Gainesville/Alachua, Putnam Counties CoC
Collaborative Applicant Name:	Alachua County Coalition for the Homeless and Hungry, Inc.
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure:	Alachua County Coalition for the Homeless and Hungry, Inc.
How often does the CoC conduct open meetings?	Monthly
Are the CoC meetings open to the public?	Yes
Is there an open invitation process for new members?	Yes

If 'Yes', what is the invitation process? (limit 750 characters)

1) ACCHH website encourages membership & participation & includes a printable membership form. 2)A large list receives frequent emailed news of activities and encouragement to participate. 3)Through the email list, membership and membership renewal is encouraged at least twice per year. 4)An ACCHH blog has been started this year with regular invitations to become members and participate. 5)The exec director speaks to public groups frequently and encourages contributions and membership, as do members of the Coalition. 6) An annual dinner is held in February that features input and inquiry from the full community and promotes membership.7) Brochures are periodically developed and distributed to educate the community and promote membership.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

Elements of a CoC/Coalition centralized assessmentare before the board & in development by our HMIS Workgroup. Specifically:the HMIS Workgroup is a)finalizing a CoC centralized Intake Form & b)a CoC Privacy/Release of Information form.

Our Resource Development & HMIS workgroup will soon work together to establish comprehensive assessment standards corresponding with HUD standards for reducing the number of homeless people, placement and longevity in permanent housing, and increases in employment and income.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

1) CoC ESG Monitoring: Our area's agencies with ESG programs are members of the CoC and are active in the CoC's Resource Development and/or HMIS workgroups. They are committed to participation in our HMIS and are appreciative that their HMIS data will be used by the CoC to identify gaps in services in our area as well as to monitor performance.
2) Written agendas are provided for monthly board & general meetings, accompanied by minutes of both meetings. Agendas are prepared by the Coalition chair, with input regularly invited from board, staff & membership. The agendas always include reports from the CoC director and chair and the City/County Office on Homelessness executive director, as well as monthly reports from each workgroup,from our member agencies, from homeless individuals, and from others who have announcements or presentations. The Coalition has begun putting general minutes on its newly redesigned website to encourage public awareness of issues.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Resource Development Work Grouop	The RDWG identifies potential funding sources, coordinates grant application process, and maintains efforts to creatre community partnerships and maximize community leverage. It has primary responsibilty for determining eligibility and ranking of CoC project applicants and for supporting the CoC lead agency and partners in preparing the CoC application. Its members represent agencies responsible for providing food & shelter in disasters and emergencies, and the WG monitors mobilization of response at such times.	Monthly or more
Hunger Work Group	The HWG 1) plans & coordinates 2 annual community events (one for homeless and individuals & families & one for the general public) involving provision of information & services by all CoC member agencies plus numerous other organizations; 2) helps plan and coordinate major area food drives (particularly a fall and a spring food drive) to help stock the area's central food bank and other food pantries; 3) It is a major participant in working with local Veterans groups to plan an annual Homeless Veterans Stand Down, a two day event involving about 30 service providers to promote housing, health, employment & community for homeless veterans; 4) monitors and promotes food provision in emergencies and disasters.	Monthly or more
HMIS Work Group	The HMIS WG works on establishing and refining a comprehensive HMIS system that includes CoC project participants, all agency members of the CoC, and service agencies not yet part of the CoC. It is finalizing a centralized intake process with intake and privacy agreement forms and will be monitoring discharge planning to ensure the safety and health of homeless individuals. It provides quarterly training in HMIS "101", plus a training schedule for advanced HMIS skills. It publicizes the HUD requirements and many benefits of HMIS participation and helps educate to resolve concerns about participation (for example, from faith-based groups and homeless advocacy groups).	Monthly or more

10 Year Plan Implementation Committee	The ImpCom consists of government, non-profit and business entities, including representation from the non-CoC portion of the community. It is responsible for monitoring progress on the City/County government's 10 year plan to end homelessness and to recommend strategic initiatives to move the plan forward. It is co-chaired by a City Commissioner and a County Commissioner and staffed by the CoC executive director. It has recently adopted the CoC's up-dated action plan (up-dated during the CoC Check-up) as the Action Plan for the City and County in coordination with the CoC.	Bi-monthly
Point-in-Time Work Group	The PIT WG is responsible for PIT & HIC survey design and implementation (including surveyor recruitment and training) and for data entry, analysis and application.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	2	6	1	2	1	1	2

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	2	2	1	2	1	1	1
Substance abuse	2	2	1		1		1
Veterans		1	1	2			1

HIV/AIDS		1	1	2	1	1	1
Domestic violence	2	1	1		1	1	1
Children (under age 18)	2	2		2	1	1	1
Unaccompanied youth (ages 18 to 24)	2	1	1		1	1	

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	2	6	1	2	1	1	1
Authoring agency for consolidated plan		1		1			
Attend consolidated plan planning meetings during past 12 months	2	5		2	1	1	
Attend consolidated plan focus groups/ public forums during past 12 months	2	6		2	1	1	1
Lead agency for 10-year plan		3		1			
Attend 10-year planning meetings during past 12 months	2	6	1	1			1
Primary decision making group		1		1			

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	10	1	3	6	

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill		3		2	1	
Substance abuse		7		3		
Veterans		10		2	2	
HIV/AIDS		4		2	2	
Domestic violence				2	4	
Children (under age 18)		6	1	3	5	
Unaccompanied youth (ages 18 to 24)		3	1	3	5	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group		8	1	3	6	
Authoring agency for consolidated plan		2		3	4	
Attend consolidated plan planning meetings during past 12 months		4	1	3	6	
Attend Consolidated Plan focus groups/ public forums during past 12 months		9		3	6	
Lead agency for 10-year plan						

Attend 10-year planning meetings during past 12 months	1	2			1	
Primary decision making group		1		2	3	

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2	1	2

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill			1
Substance abuse		1	1
Veterans			1

HIV/AIDS			1
Domestic violence		2	1
Children (under age 18)		2	1
Unaccompanied youth (ages 18 to 24)		2	1

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	2	
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months		1	
Attend consolidated plan focus groups/ public forums during past 12 months		1	
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months			
Primary decision making group		1	

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply):	c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	g. Site Visit(s), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, e. Review HUD APR for Performance Results

**Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)**

The CoC Ranking Panel is selected from knowledgeable community members, including formerly homeless. The panel ranks applications on financial stability, HMIS participation , APR reporting, participation in CoC meetings, filling PIT/HIC gaps, meeting goals established by HUD, the CoC/Coalition & the City/County Ten Year Plan.
Current monitoring by CoC & HMIS directors includes review of member agency HMIS data & grant reports (eg, APRs) & on-going contact. Findings go to the CoC board, RDWG & Ranking Panel when significant.
Informal site visits were made this year to most CoC projects by the CoC director, the HMIS lead agency director and/or members of the CoC board. Formal site visits will be scheduled this year after performance standards are established.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	b. Consumer Representative Has a Vote, a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

1. CoC publicizes via an extensive emailing list and website that to apply for HUD CoC funds, an agency must be an actively participating CoC member.
2. The CoC sends frequent emails to its list regarding the HUD and CoC deadlines for the application process.
3. The CoC publicizes in emails and meetings that the CoC's Resource Development Workgroup and CoC/HMIS staff provide training and application assistance upon request -- and extra RDWG meetings are held for peer & CoC-lead staff consultations & assistance for preparing project application.
4. To ensure eligibility of on-going projects, reminders are offered at general meetings and via email that meeting attendance and HMIS participation are now required in order to remain eligible to apply for funding.

Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable
(limit 750 characters)

The count of HIC-identified ES beds indicates net increase of 3 beds total, with some project bed losses and some increases. Five faith-based shelters closed or reduced(-36). One shelter restructured from ES to TH (-15). Five shelters expanded (+54)

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable
(limit 750 characters)

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable
(limit 750 characters)

The TH count increased from 364 to 370, with five providers slightly reducing TH beds and four providers slightly increasing TH beds.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?	Yes
If yes, how many transitional housing units in the CoC are considered "transition in place":	18

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

152 new PSH beds were added by the two local public housing authorities in conjunction with the region's U.S. Veterans Administration using increased funding. Three other PSH programs decreased by 33 beds due to decreased funding. The net gain was 119.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	Our HIC and PIT data were both submitted before the deadline. HUD later reported that one of these data sets was not received. I cannot explain that, other than knowing that I submitted the data, the button said submitted, and yet HUD says it was not received until HUD later notified me and I sent it again. The State's Office of Homelessness in the Department of Children and Families did receive the reports by April 30. I appealed HUD's ruling, seemingly to no avail.
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	Housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Other, Unsheltered count, Stakeholder discussion, Housing inventory, HUD unmet need formula
Specify "other" data types:	

In discussions with County Public School System "Homeless Student Liaisons" who work with homeless children and families in our five county area, we were made aware that we have a large circle of uncounted adult and pre-school family members associated with the schools' counts of children who have no home of their own, but find precarious shelter with extended family, with friends and secretively in vehicles. One of our five county school systems took a count of these family members and reported about 2-3 uncounted family members for each homeless school child.

If more than one method was selected, describe how these methods were used together
(limit 750 characters)

Our CoC region has a large homeless population for various reasons(including our large VA Medical Center, a history of disenfranchisement of African Americans from slavery through Jim Crow laws and consequent maldistribution of opportunity and resources, and a large underemployed rural population formerly reliant on agriculture and hunting). We saw that our HUD formula showed a significant unmet need. But we suspected it was larger and arrimed that suspicion by discussing our unmet need at board and general meetings with stakeholders.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS (select all that apply):	FL-508 - Gainesville/Alachua, Putnam Counties CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/08/2004
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	Inadequate resources, Inadequate bed coverage for AHAR participation, Inadequate staffing, Poor data quality

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

1) The CoC-lead appointed a new HMIS director in January 2012, funded by City/County budgeting & inkind support from the County PHA. She has since participated in numerous webinars on HMIS and went to a week-long training in New Orleans. 2) The new HMIS director has initiated substantial training program for CoC/Coalition member agencies. 3) We are seeking additional HMIS funding to address staffing and resources issues. With adequate staff in place, we will be able to better address data quality issues and pursue the addition of more bed coverage, particularly in non-HUD funded programs.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	October	2012
Operating End Month/Year	September	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$8,965
ESG	$0
CDGB	$0
HOPWA	$0
HPRP	$0
Federal - HUD - Total Amount	$8,965

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

Funding Type: State and Local

Funding Source	Funding Amount
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

Funding Type: Private

Funding Source	Funding Amount
Individual	$0
Organization	$5,000
Private - Total Amount	$5,000

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$0

Total Budget for Operating Year	$13,965

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

We are seeking additional SHP funding. There is also discussion of charging participation fees.This would not be our first choice however since many of our non-HUD agencies have indicated that they would not be able to participate in HMIS if they have to pay fees. We have entered into discussions with our County government about using HMIS for their Social Services Dept. This use may come with fees.

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency Shelter (ES) beds**	0-50%
*** HPRP beds**	Housing type does not exist in CoC
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	0-50%
*** Rapid Re-Housing (RRH) beds**	Housing type does not exist in CoC
*** Permanent Housing (PH) beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

1) The HMIS System Admin has been contacting service providers, particularly those that are not HUD funded, to encourage the use of HMIS and promoting the benefits to the provider in using HMIS. 2) CoC/Coalition members applying for HUD CoC funding are informed that they must participate in HMIS to be accepted by the CoC as a project applicant. 3)The HMIS director is offering frequent training sessions and immediate consultation to all CoC members. 4) Since we are not currently requiring participation fees, the biggest hurdles we are facing with providers is the time to enter data (which is pretty minimal once they are trained) and overcoming privacy concerns especially by faith based providers.

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? No

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	0%
Supportive Services	50%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	10
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	
Social security number	0%	
Date of birth	9%	
Ethnicity	46%	

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	39%	
Gender	23%	
Veteran status	59%	
Disabling condition	72%	
Residence prior to program entry	92%	
Zip Code of last permanent address	79%	
Housing status	0%	
Destination	0%	
Head of household	1%	

How frequently does the CoC review the quality of project level data, including ESG? At least Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

At this time, little data quality checking is done. In December 2012, a PT HMIS assistant to the HMIS director was hired. The new staff member will review data quality on at least a monthly basis and work with the providers to correct/complete incorrect or missing data. This will be done via HMIS reports, training and extensive follow-ups with possible sanctions for failure to comply.

How frequently does the CoC review the quality of client level data? At least Annually

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Lack of staffing is the primary reason. This will change as a PT staff person has been recently hired. The sole function of this person is HMIS data quality checking and clean up.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? No

Indicate which reports the CoC submitted usable data (Select all that apply): None

Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Semi-annually
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Quarterly**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	At least Annually
*** Virus protection with auto update**	At least bi-monthly
*** Individual or network firewalls**	At least Annually
*** Restrictions on access to HMIS via public forums**	At least Annually
*** Compliance with HMIS policy and procedures manual**	Never
*** Validation of off-site storage of HMIS data**	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? No

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	
Contributory HMIS Organizations (CHOs)	

If 'Yes', indicate date of last review or update by CoC:	
If 'Yes', does the manual include a glossary of terms?	Not Applicable
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	06/06/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

*** Privacy/Ethics training**	At least bi-monthly
*** Data security training**	At least bi-monthly
*** Data quality training**	At least bi-monthly
*** Using data locally**	At least Annually
*** Using HMIS data for assessing program performance**	At least Semi-annually
*** Basic computer skills training**	At least bi-monthly
*** HMIS software training**	At least bi-monthly
*** Policy and procedures**	At least bi-monthly
*** Training**	At least bi-monthly
*** HMIS data collection requirements**	At least bi-monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/24/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Our HIC and PIT data were both submitted before the deadline. HUD later reported that one of these data sets was not received and one was not. I cannot explain that, other than knowing that I submitted both data sets, the button said submitted, and yet HUD says it one set was not received until it later notified me and I sent it again. The State's Office of Homelessness in the Department of Children and Families did receive the reports by April 30. I appealed the HUD ruling, seemingly to no avail.

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	100%	100%	100%	0%
Transitional Housing	100%	100%	100%	0%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The sheltered PIT count was very close to the same for 2011 and 2012 PIT surveys. The methodology was the same, with minor modification to survey spreadsheet for the sake of clarity about what precisely the program was asked to report for the HIC regarding 1) the quantity of accommodations for individuals, families, and children, 2) the current usage by individuals, households and children, and 3)level of participation in HMIS.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	The gap between available emergency shelter, transitional housing and permanent supportive housing increased substantially as we saw our count of unsheltered people increase by 50%, far exceeding our resources for expanding ES, TH and PSH. The only clear headway was in reducing the number of homeless veterans and increasing the number of homeless vets provided TH and PSH. The observation that more TH, PSH and support services would allow for more rapid relocation from ES to TH and PH has guided our requests for increased TH and PSH funding this year.
*** Services**	The gap in services to find and retain housing, employment, child care, and health care is substantial as demonstrated by the high homeless numbers and the over-stressed support services of our Continuum members and other service agencies in the area. The worsened conditions have given impetus to a proposal being pursued by City Commissioners and staff to purchase a closed State-surplussed low-security correctional institution and turn it into a community services resource center with comprehensive restorative and productivity services for all members of the community, including the homeless. City staff & commissioners report this initiative is near success, with programming expected by summer.
*** Mainstream Resources**	The HIC & PIT surveys combined with the shared everyday experiences of the Coalition member agencies (including government,non-profits & faith) make clear that it is not our local strategies or resource management or compassion that are lacking, but our mainstream public resources which are inadequately available. Inadequate State and Federal funding forces local governments to choose between policies that disproportionately attract those in need or that ignore them.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The CoC followed the following procedure: 1) Two survey instruments were developed by up-dating survey forms from the previous year - one for HIC purposes (to provide counts of beds available, beds utilized, and make-up of client households)and one for survey on client characteristics (the same questions as asked the unsheltered population); 2) Starting in November, requests for sheltering agencies to participate in the PIT/HIC surveys were sent out via email and at CoC board and general meetings. 3) Each shelter provider of which we are aware in our region of five counties was provided with training in how to use the two survey instruments: a) a form to report the numbers of beds (available, used, & HMIS-covered) on the PIT/HIC survey night; b) an interview form for collecting PIT data on sheltered homeless residents willing to be interviewed (including demographics,circumstances and needs). 4) The providers used the instruments for the night of the count, always asking if the client had been contacted earlier in the day for the PIT count; 5) Providers sent the completed forms to the CoC lead agency's director who reviewed them for completeness and for problems; 6) Follow-up was done by the CoC director through the week to collect forms from every agency, to ensure that the count represented homelessness only on the PIT night, and to clarify unclear reported data.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

All adults in shelter were surveyed using the same survey instrument (form) used for our street count. Interviews were conducted by provider staff. This maximized the accuracy of the data collected, given staff familiarity with the clients. Avoidance of duplication was managed primarily by having surveyors ask if the client had participated in a PIT survey or been counted by a surveyor earlier in the day. A comparison of first names and initials of sheltered clients with the unsheltered population in the count was also used, based on memory and name recognition, with no duplications identified. Data collected on the sheltered homeless population was combied with the data collected on the unsheltered population for statistical analysis. The findings from the interviews were extrapolated to apply to the full homeless population including those counted but unwilling to be interviewed.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Participants were asked for their first name, initial of last name and date of birth. This was used for de-duplication.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

1. Instructions: The Interview Questionnaire for sheltered & unsheltered homeless was the same. The Questionnaire was designed as self-instructional by stating clear simple questions and check-box answers for the data sought. The PIT Work Group, the CoC board, & general membership all previewed the questionnaire & suggested revisions for comprehensiveness and clarity.
2. Training: Surveyors for sheltered settings were required to participate in a training session on the use of the survey instrument. Three training opportunities were offered, one being just for providers to allow shelter surveyors to focus on concerns of their setting. Each survey question was explained and surveyor questions about instrument and methodology were encouraged and answered.
3. Reminders/Follow-up: Reminders to attend the training and reminders to conduct the interviews were emailed and issued in writing and verbally at board and general meetings as well as at work group meetings starting in November. Follow-up calls after the PIT survey date were made when some surveyors were slow returning their forms. Consultation was offered in the few cases where questions arose during the interview period.
4. To minimize and prevent duplication, survey training emphasized inquiring whether the client had taken the survey earlier in the day. The de-duplication process was a matter of reviewing all surveys for duplication in first name and last name initial and matching data. No duplication found.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/24/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Our HIC and PIT data were both submitted before the deadline. HUD later reported that one of these data sets was not received and one was not. I cannot explain that, other than knowing that I submitted both data sets, the button said submitted, and yet HUD says it one set was not received until it later notified me and I sent it again. The State's Office of Homelessness in the Department of Children and Families did receive the reports by April 30. I appealed to HUD, seemingly to no avail.

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

2012 unsheltered count=1235; 2011=816; 2007=278. 2012 was 50% higher than 2011, 400% higher than 2007. Possible factors: 1)accumulating consequences of deep recession on the poor (already disproportionate in CoC for historical & geographical reasons, eg, slavery/Jim Crow, large rural area removed from employment centers; 2)increased surveyor familiarity with survey process & homeless encampment sites; 3) increasing competence by PIT Work Group members & CoC general members at pre-identifying probable homeless sites, including guidance from the City police force as to known locations; 4)greater concentration of the homeless at the main meal site due to a lifting of limits on numbers fed.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	X
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

To clarify the two checked boxes above, our PIT count began early in the morning (4:00 a.m.) as the night of the count drew to a close. The surveys continued throughout the day, always in reference to where the surveyed homeless person had slept the night before.

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The CoC data collection procedure: 1) In November, with input from CoC board, general membership and PIT Work Group, the survey instrument was up-dated from the previous year (to count and interviewunsheltered individuals about characteristics important for identifying services to end homelessness); 2) In November, announcements on CoC-required participation in PIT training & surveying went out to the CoC email list and at CoC meetings of the board, general membership & Work Groups; 3) In early January flyers recruiting surveyors were distributed at homeless meal sites & shelters; 4) In early January the region was divided into survey zones known from experience to have unsheltered homeless populations; 5) The week before the survey two early evening training opportunities were provided for surveyors on how to use the survey instrument, encourage participation in interviews, communicate respect, & deal with different field situations known to arise in the survey process; 6) Surveyors were trained to always ask if the interviewee had been surveyed earlier; 7)On the day of the count starting at 4 a.m., surveyors in teams of two were sent to the prescribed zones to conduct the count according to their training; 8)Surveyors brought the completed forms to the CoC lead agency's director at survey headquarters where they were reviewed for completeness and accuracy; 8) Willing surveyors were sent to new zones and continued reporting back until about 8 p.m.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	A Combination of Locations

If Other, specify:

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

1) Training: CoC surveyor training explained all questions and how to ask them to get accurate responses.
2) De-duplication: a) Surveyors were instructed to begin interview by asking if the individual had been contacted that day for the PIT survey; b)surveyors wore badges to prompt interviewee awareness of project; c) fifty surveyors plus several rural zone teams were sent to zones covering the region first thing in the morning to maximize initial intake. Most of the surveyors continued through the day, some in the same zone(such as the major soup kitchen) and some to new zones.
3) Unique identifier: Surveyors were instructed to ask for a first name, last initial, and birth date, which CoC staff reviewed against duplication.
4) Survey question: The questionnaire a) specified asking if interviewee had already been contacted. b) had specific questions for securing clear answers.
5) Enumerator observation: A space for "Surveyor Comment" was provided at the end of the two page questionnaire and surveyors were encouraged to note anything which would compromise data quality.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan
(limit 1500 characters)

1) Each of our CoC's five Counties has a Homeless Children's Liaison caseworker in its school system. They work with homeless families to secure services to rehouse families and ensure school continuity and readiness for the children.
2) The CoC lead secured and administered funds from the State of Florida and the County of Alachua for rental and utility assistance which went mainly to prevent homelessness for families with children and elderly (about $35,000).
3) A new grant to the CoC lead from the County for this fiscal year is targeted toward move-in rental and utility assistance for homeless families with children and elderly ($23,000).
4) A new 60 voucher rapid rehousing VA/PHA initiative for chronically homeless veterans is expected to assist approximately 10 families with children along with 50 individuals or households without children.
5) The area United Way has become a member of the CoC and devotes the majority of its attention toward children and their families. The United Way has added homeless families and children as a major focus of its funding initiatives. The area's second largest apartment landlord three months ago announced that through two CoC partner agencies (United Way and Catholic Charities) it would provide free apartments to 40 or more homeless families per year from its large vacant stock and is urging other landlords to do the same.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation
(limit 1500 characters)

The CoC:
1) Has outreach through its Coalition organizations, each advertising its services (and seeking funds) through a number of media, including Public Service Announcements;
2) Holds its monthly general meetings at the area's primary soup kitchen and shelter (St Francis House),timed just before the major noon meal so homeless individuals are more likely to become participants;
3) Holds a homeless services fair each Fall on the City's central plaza, with 30 or more agencies participating and over 300 homeless individuals plus several City and County elected officials in attendance this year;
4) Holds a February dinner at SFH to encourage engagement of homeless individuals;
5)Maintains website emphasizing services for preventing & ending homelessness, including descriptions & links for all partner agencies;
6) Maintains a Community Resources Guide, posted on the webpage, listing all homelessness-related services in the CoC region;
7) Maintains a wallet-sized Street Card listing service agencies and contact info, distributed to agencies and homeless individuals;
8) Coordinates with grassroot advocate groups which provide services and connections;
9) Supports City effort to establish a One-Stop Center, now nearing fruition via City effort to purchase a closed, surplussed State low-security correctional facility for use as a community services resource center, including shelter and support services.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	138
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	218
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	350
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	400

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

1) The CoC has partnered with the local Veterans Administration and the two local housing authorities to implement the HUDVASH 100,000 Homes/Rapid Rehousing of chronically homeless veterans. The PHAs re-allocating 60 vouchers to CH vets.
2) Another 10-20 PH beds are likely over 12 months because Coalition member City of Gainesville is in process of purchasing surplussed State of Florida property already built out with dormitories, office space, etc. The City's aim is to create a Community Services Resource Center populated by social, health & educational providers, including compehensive homelessness services. ES, TH and/or PH would be provided by converting the three large dormitory buildings into efficiency apartments or SRO units perhaps in boarding house style.
3) 40 more units may soon be on-line through the charity of a local apartment landlord working through CoC members United Way and Catholic Charities.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

1) The CoC lead continues partnering with CoC member agencies City of Gainesville & City & County PHAs to provide chronically homeless with PH through Section 8 and housing in the City's forthcoming One Stop Homeless center.
2) The CoC will continue working on the Chronically Homeless Vets Rapid Re-housing team (with County & City PHAs and the VA) to acquire more Section 8 vouchers & VA caseworkers to house & support the approximately 140 chronically homeless veterans drawn to our area by our large VA Medical Center. We expect support in this endeavor because of President Obama's commitment to end veterans' homelessness.
3) CoC-lead will continue its successful efforts of the past three years to use County & City funding grants to assist homeless households (with special priority to seniors & families with children) to enter & retain permanent housing. The CoC does this in coordination with CoC member agencies' efforts to place & support clients in permanent housing.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

The CoC's updated Action Plan calls for a multi-pronged initiative over the next several years: 1) Increase the affordable housing stock by changing the City codes to allow grandparent apartments and boarding homes in residential zones;
2) Increase the number of living wage jobs by making City jobs and City contractor jobs emphasize human over mechanical labor and by promoting more locally based business (for example, the new biomass power plant now coming on line creating 700 mainly medium-skilled manual labor jobs in forestry and plant operatios);
3) Remove move-in and retention obstacles by funding move-in expenses and one-time emergency assistance payments. With such an economic and housing environment, a total additional supply of 500-600 beds either in permanent or transitional housing would end chronic homelessness so that few people would be homeless
more than a few months at a time. With continued cooperation by charitable landlords, the increased focus on homelessness by the VA, and local focus on housing retention, we believe this to be feasible.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	70%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	70%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	75%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

CoC-funded permanent housing is administered by 2 local public housing authorities. PHA staff and clients describe major causes of early termination to be financial problems, breach of tenancy agreement, & relationship problems. CoC/Homeless Coalition planned response: 1)Coalition board to convene conversations on the problem; 2) CoC agencies (eg, Gainesville Community Ministry, Catholic Charities) extend financial & relational education programs to PHA tenants; 3) CoC Resource Development Work Group to work to increase rent & utility assistance resources thru grants & fund-raising; 4)Coalition board to advocate with utility companies to give earlier warning to PHAs on past due bills; 5) Coalition board to develop community support groups to reduce ignorance of & breach of tenancy rules.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

1) CoC/Homeless Coalition to continue the above policies; 2) CoC board to plan and promote stronger community support bonds with PHA tenants, replicating recent initiatives where community resource centers have been established through public/private partnerships and inter-neighborhood cooperation in northeast and southwest Gainesville's high poverty pockets.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	60%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

CoC member agencies and their clients identify the following as obstacles to moving from transitional to permanent housing: employability, child care, relational skills, financial skills, lack of support network, move-in costs. Most CoC TH providers are too small to comprehensively provide for these needs. This year the CoC board and work groups (especially HMIS and Resource Development) will initiate consolidation of resources and clientele to adequately provide these services. For example, the CoC board will encourage CoC members Catholic Charities and Gainesville Community Ministry to expand their training programs in life and financial skills to serve other CoC member agencies' clients.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC's short-term responses will have to be maintained long-term. Also, the CoC/Homeless Coalition board will need to need to initiate advocacy activities with public and private policy sectors to increase the availability of affordable, safe and decent housing and employability at a living wage. Given the small staff at the CoC lead, this work will be a major board and membership responsibility.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	20%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	22%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	23%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	25%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more
(limit 1000 characters)

1) CoC/Coalition HMIS & Resource Development work groups will convene CoC-funded agencies to understand client motivations, resistance & obstacles to sustaining employment and will recommend client incentives for securing employment.
2) Same work groups will identify & promote effective collaborations among CoC providers for training & supporting clients toward employment. Work groups will identify & educate about best practices with presentations at monthly general meetings & otherwise.
3) The Coalition board will consider forming a new work group to identify and promote changes in the jobs sector to increase employment opportunities and increased productivity (eg, advocacy for public transportation, child care).
4) The Coalition director and board will continue strengthening connections to the jobs sector, including being in regular communication with employers, chambers of commerce, the Workforce Development board, and the education systems.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

1) The CoC/Coalition board and work groups will maintain the above initiatives through the years. 2) The board and HMIS WG will develop an annual evaluation of outcomes in correlation with training and counseling practices.
3)The board will seek to understand the job market's functioning and identify means to increase success for clients emerging from homelessness. 3) Plans for new One-Stop Homeless Assistance Center include a job training/retention component.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	50%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	50%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	50%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	50%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

1) CoC/Coalition Director and CoC Hunger Work Group chair continue issuing IDs and SNAP/food stamp cards to homeless clients at CoC provider St Francis House.
2) Coalition office continue to co-locate with CoC members County Housing Authority, Meridian Behavioral Health Care, HUDVASH provider and WorkForce Board staff member and to improve coordination of procedures to facilitate successfully & quickly serving client needs.
3) HMIS director and work group continue to train CoC/Coalition providers in HMIS to more effectively coordinate to meet needs and avoid duplications.
4) Complete on-going HMIS director/work group initiative to standardize client in-take forms to increase awareness of deficiencies in securing client's full benefits.
5) CoC director and board to promote City government's plan to establish a centralized Community Services Resource Center/One Stop Center, including a centralized benefits processing site.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

1) CoC/Coalition board to ensure the continuation of the above practices.
2) CoC/Coalition board to develop an advocacy and public information work group to a) to promote provision of support services like affordable public transportation for the impoverished and b) effectively publicize availability & eligibility for mainstream benefits.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	11%
In 12 months, what will be the total number of homeless households with children?	10%
In 5 years, what will be the total number of homeless households with children?	5%
In 10 years, what will be the total number of homeless households with children?	2%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

1) CoC/Homeless Coalition board to establish Public Information work group to raise consciousness about the plight of homeless children in our region;
2) CoC/Coalition board, committees & members to fund-raise for move-in rental and utility assistance for families with children;
3) In the CoC/Coalition's annual review & ranking, make the highest weighted criterion to be TH & PSH for families with children.
4) Resource Development work group to promote applications for more PSH to rapidly rehouse homeless families;
5) CoC board to advocate to City government for investment in City's Strategic Initiative for strengthening low income families with children;
6) Resource Development WG to educate CoC partner agencies on applying for United Way funds prioritized to end homelessness among children;
7) CoC/Coalition board to encourage member agencies United Way and Catholic Charities to give priority to housing families with children in the newly donated apartments they administer.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

1) Continue as above;
2) Encourage HUD to secure the same high priority on the Administration's agenda for homeless children that homeless veterans have secured.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	1
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

We are not reallocating SSO projects.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

The TH project for which funds are being reallocated has been having severe financial problems, including filing for bankruptcy. Its performance on HMIS and APR reporting was very poor. Most important, it could not guarantee it would survive to serve clients nor that the clients would come from our CoC region. Its client numbers were minimal (2-4) over the past year. We are informed that the State Department of Children& Families can assign these clients (pregnant girls under 18) to other housing providers in its system.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

We do not have either a State or CoC mandated policy. Our CoC/Homeless Coalition lead office and the CoC's member agencies are aware of the serious challenge faced by youth aging out of foster care into independent living. The CoC/Coalition board and general meetings are periodically reminded of the challenges by our two member agencies that have been addressing the problem (the County Housing Authority and CDS Behavioral Health Care).

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

1) The CoC/Homeless Coalition director has regular communication with the region's foster/adoption services Community Based Care agency, Partnership for Strong Families (under the Florida Dept of Children and Families) and coincidentally sits on the PFSF board. PFSF uses a family/client-based case management process in which its partner agencies counsel aging-out youth about life options and, in concert with the youth, prepare a transition plan to ensure housing and adequate income, which is filed in writing and discussed in a special judicial review. Youth who want to live with family are assisted by the case worker for the transition.
2) CoC/Coalition member Alachua County Housing Authority has an agreement with PFSF to designate 10 housing vouchers for aging-out youth receiving counseling by the PFSF agency.
3) CoC member CDS Behavioral Healthcare is submitting a 2012 CoC project application to provide transitional housing, employability training and counseling to aging-out youth moving toward independent living.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

PFSF and CDS Behavioral Healthcare are the primary agencies responsible for discharge planning in the CoC region. Both have discharge policies that seek to ensure successful transition to independent living. To date, the CoC/Homeless Coalition has not undertaken to adopt those policies nor been aware of a need to suggest improvements in them. If there is a gap, it would be possible lack of awareness by the CoC that a CoC discharge policy or advisement would be helpful. The next step to fill that gap would be for the CoC/Coalition board to initiate study of the most useful kind of discharge policy that it might establish. This will be proposed.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Florida Dept. of Children and Families; Partnership for Strong Families; CoC member agency Alachua County Housing Authority; CoC member agency CDS Behavioral Healthcare -- also CoC member agencies involved with domestic violence cases.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Housing provided through the Alachua County Housing Authority; housing provided by privately funded programs such as the landlord-donated vacant apartments program administered by CoC member agencies United Way and Catholic Charities; independent living situations; occasional return to family settings.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

1) CoC/Coalition has no mandated policy.
2) CoC member agencies City of Gainesville & St Francis House) have agreement with Shands Hospital to provide two respite shelter beds for discharged homeless patients. Patients are provided shelter & support services at St Francis House (SFH) until hospital determines. When patient is cleared, St Francis House tries to locate the patient in TH or PSH.
3) CoC's three Domestic Violence Shelter agencies ensure all clients go to safe housing when leaving Emergency Shelter.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Implementation Committee of the City/County 10-Year Plan to End Homelessness is continuing discussions with area agencies to insure transition planning to protect the health of homeless people. Agencies including the local medical facilities identify those who need housing assistance upon intake and try to ensure their safe discharge. The City is paying for two transition beds at St. Francis Homeless Shelter for homeless patients still recovering after discharge from hospital. Nonetheless, the critical shortage of affordable housing significantly limits efficacy.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

1) Local healthcare facilities do not have financial incentives to include assurance of housing upon discharge as policy. These facilities experience large numbers of homeless admissions and face the same problem that the CoC & community face -- inadequate supply of affordable housing & inadequate income for discharged homeless patients to maintain housing.
2) The CoC/Coalition will have to develop more adequate supply of TH & PH set aside for homeless patient discharge and collaborate with health facilities to assure housing placement.
3) The CoC needs to explore how effectively homeless patients are referred to rehab facilities under Medicare and Medicaid provisions.
4) Hiring more staff to assist in application for mainstream benefits should be explored. Current policy calls for caseworkers to call the usual list of shelters & financial assistance agencies listed in our Community Resources Guide, including the CoC/Homeless Coalition.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders include Shands Hospital at the University of Florida, North Florida Regional Hospital, Alachua County Health Dept., City of Gainesville, Alachua County Board of Commissioners, and the CoC/Alachua County Coalition for the Homeless and Hungry.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Beds have been set aside at a local emergency shelter; a local SRO hotel has a room set aside for medical respite; the hospitals provide hotel vouchers if no other option is available.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

CoC member Meridian Behavioral Healthcare & CoC member VA Medical Center have policies, though none is mandated. Both have responsibility for discharges from mental health care. Meridian has a written policy to ensure clients/patients are not discharged into homelessness. The VA policy is to offer placement in transitional housing programs (Sunshine Inn, Dogwood Apartments, and the dual diagnosis treatment facility Vetbridge, and St Francis House) & has a recently increased supply of HUDVASH vouchers for chronically homeless vets.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

1) For CoC member Meridian, when a client is admitted to its Mental Health Crisis Stabilization Unit, a written transition plan is developed, including noting what needs to be done toward a discharge into permanent housing. Upon discharge a transfer summary and aftercare plan is completed that specifies the type of housing to which a person is being discharged.
2) CoC member County PHA and the CoC member Meridian's Forensics Diversion Team
work closely with the jail and court systems to identify and help recidivists who cycle through due to lack of access to needed services and treatment.
3) The PHA also provides 20 units of transitional housing to assist program clients to transition to self sufficiency without immediately having to acquire market rate housing.
4) The CoC board believes that increases in TH and PSH housing and support services are needed. The CoC will develop a strategic initiative to establish discharge policies in all service providers and is now emphasizing provision of TH and PSH.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)

The CoC is satisfied with what its member mental health providers are doing to ensure discharge to housing rather than to homelessness. The CoC is also satisfied with the University hospital's efforts to coordinate with CoC member St Francis House to ensure shelter upon discharge for recuperating/rehabilitating homeless patients with physical illness. But this kind of program needs expansion to meet the need of mental health patients and to win hospital collaboration. The VA hospital

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

Responsible stakeholders include CoC member Meridian Behavioral Healthcare, CoC member VA Medical Center, and non-CoC member Shands (University of Florida) Hospital.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

Market Rate apartments or into homelessness.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

Caseworkers in State correctional institutions are required to seek housing placement for those about to be released, but are not required to guarantee placement. Prisoners are encouraged to write to request assistance from the CoC/AC Homeless Coalition, but resources are seldom available. Homeless prisoners discharged from the County jail are not assisted in securing housing. But the manager of the jail has recently begun attending Coalition and Work Group meetings out of awareness that housing needs to be part of jail discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

1. CoC director answers all letters from prisoners with guidance for contacting housing providers.
2) CoC member Meridian Behavioral Health's forensic case managers identify homeless
persons in the criminal justice system & provide case management services for transition from jail to community. The program leverages existing vouchers to meet basic housing needs.
3) Alachua County Court Services Dept has three federal No Wrong Door grants for prisoner re-entry programs,providing housing and support services. The programs partner with CoC members Alachua County Housing Authority and Meridian Behavioral Healthcare for 12 residential treatment beds for released prisoners without housing.
4) In response to the CoC/Homeless Coalition and the 10 Year Implementation Committee, the State Attorney's Office has a process to allow some homeless persons with misdemeanors to receive alternative sentences. The SAO also helps clear old warrants, giving homeless greater access to employment and assistance programs.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)

1) The CoC considers the State Correctional Institution discharge policies adequate given the lack of TH and PH in which to place those discharged. The needs are actually for affordable eligible housing & caseworker staffing, and for CoC advocacy for both.
2) The CoC board and 10 Year Plan Implementation Committee need to redirect their Criminal Justice Work Group to connect releasees with mainstream services, employment and housing if a discharge plan is to have any practical chance of success.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

Meridian Behavioral Health, Alachua County Housing Authority, State Attorney's Office, Public Defender's Office, Court Services, House of Hope Transitional Housing for Releasees, Ten Year Plan Implementation Committee, City and County governments.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

No Wrong Door program through Alachua County Housing Authority, House of Hope TH for Releasees, market rate apartments, homeless camping sites around Gainesville, families and friends.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	1. Provide technical assistance to expand shelter capacity to accommodate more homeless people. 2. Provide medical care for homeless persons through the Helping Hands Clinic and other local providers. 3. Provide additional emergency shelter and housing to homeless individuals/families. 4. Bring the One Stop Homeless Assistance Center online.

**Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)**

1. Past year: CoC director had $35,000 County & State funding for emergency rental & utility assistance to homeless & at-risk households (housing 65 adults & 80 children;
2. Current year: CoC director has $25,000 County funding to re-house seniors & families with children;
3. CoC/Coalition board is encouraging (in general meetings & emails) member agencies to increase their funding from City, County & private sources for more rapid move-in assistance for chronic homeless & families with children;
4. CoC/Coalition partnered with City/County Office on Homelessness, VA Med Center, & County & City housing authorities to hold meeting with landlords renting large numbers of units. The meeting encouraged landlords to accept homeless tenants (especially homeless veterans), lower entry barriers (deposits, last month's rent), & partner with CoC member agency caseworkers who provide support services to insure successful tenancy.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

1. The CoC/Homeless Coalition lead agency is part of the local team to promote rapid rehousing for CH vets in partnership with City and County PHAs, VA Med Center, and VA Honor Center (residential rehab program for homeless vets). 60 Section 8 vouchers were distributed to CH vets receiving intensive support from VA caseworkers.
2. As part of the above effort, homeless vets are referred to HUDVASH for housing and support services. The 2 local PHAs received a total of 125 new HUDVASH vouchers.
3. NSP homes have been made available through several agencies (County PHA, Meridian, Peaceful Paths, Lazarus Restoration Ministries) and are utilized for low-income and CH persons.
4. CoC members (City & County governments, City/County Office on Homelessness) and collaborative 10 Year Implementation Committee are partnered in planning to staff and operate a One-Stop Center proposed to open by the summer of 2013 where on-site housing will be developed along with comprehensive reintegration & prevention services. All participating agencies are expected to participate in HMIS to maximize efficiency and effectiveness of service provision.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	1. CoC member providers are required by their funding contracts to ensure school-age children are enrolled in school; 2. The Alachua County School Board's Homeless Children Liaison attends all CoC/Coalition general meetings, announces her office's services at these meetings, and follows up on all homeless families and children enrolled in the public schools or who should be. The CoC is in communication with the liaisons in the other four counties of our region, who also collaborate together and with the Alachua County liaison; 3. Each public high school in the County system has an assigned police officer or sheriff's deputy trained to reconnect truant students whose families are homeless and need help.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The School Board's Homeless Services Liaison regularly attends meetings of the Coalition and is known by the service providers that assist families with children. The Liaison and providers have established a close working relationship and regularly communicate between themselves to assure school attendance, as well as to assist the families connect to other necessary services.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

1. All CoC member providers have policies to keep families together;
2. All CoC member providers accommodate families with children in their housing and services;
3. The CoC/Coalition adheres (in grant applications and general attitude) to the Board of County Commissioners' policy that children must be the top priority in providing services.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

1. CoC/Coalition, County & City PHAs, VA Medical Center & Homeless Vets Honor Center team to house homeless vets. Team met once & sometimes twice/month over last six months -- collaboration continues;
2. CoC member Homeless Vets Honor Center operates a VA rehab program;
3. CoC cooperative agency Volunteers of America (VOA) operates an on-going TH & support services homeless vetsprogram;
4. CoC/Coalition members Vetspace & Vetport provide TH & services to homeless veterans and vigorous advocacy in the Coalition, particularly in work groups;
5. 112 bed Veteran Grant Per Diem facility is under construction by CoC member County PHA through VA grant. Facility opens this summer, 2013;
6. CoC/Coalition partners with City/County Office on Homelessness, VA, & County Veterans Affairs Office to conduct annual two day "Homeless Vets Stand Down". About 30 agencies provide services & information to homeless vets. Plans are being developed for bi-monthly Service Fairs for all homeless individuals to improve outreach & input;
7. Above activities are to meet CoC strategic objectives to increase outreach, move-in assistance, boarding house beds & communities, & income opportunities – and to reduce obstacles to housing (eg, alienation, criminal history) – toward the CoC goal of ending vet homelessness.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)

NCF-CoC agencies serving homeless youth include the County School Systems, State DCF (food stamp office particularly), Gainesville Police Department, Meridian Behavioral Healthcare (mental health, substance abuse, shelter/support services), St. Francis House (shelter/support services), Pleasant Place (shelter/support for Pregnant teens/teen mothers), Arbor House (shelter/support for pregnant/mothering
women), and CDS Behavioral Health Services (mental health, substance abuse, shelter, support services). The NCF-CoC also has close relationships with Partnership for Strong Families(PFSF -- area's Community Based Agency for foster care & adoption services) and the local Child Advocacy Center (for coordinated response in juvenile justice cases).
To enhance our work for transitioning youth, CoC has updated its strategic plan to reflect emphasis on preventing homelessness. Half to two/thirds of homeless in our PITs have been homeless for the first time and for less than a year. Early intervention would reduce the numbers and associated trauma. Of aim is that future efforts will minimize the number aging out of families without support.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year
(limit 1000 characters)

Allocation of ESG funds are determined at a State level. The NCF-CoC participates in planning calls as the State develops its plan. Locally, the NCF-CoC works closely with service providers to encourage agencies to apply for ESG funds for identified gap services and assists them with reporting in HMIS

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach
(limit 1000 characters)

1. All CoC/Coalition members enforce Federal & State non-discrimination requirements.
2. CoC membership is representative of the community and its civil rights concerns and challenges.
3. Several homelessness service and advocacy groups (eg, HomeVan, Fire of God Homeless Ministries, Sister Hazel's Angels of Mercy, Food Not Bombs university student group, area Legal Services public/mainstream benefits caseworker, Homeless Pets Services) do regular outreach to the most marginalized parts of our homeless community & assist them to needed available services and to CoC/Coalition member services.
4. CoC members have wide membership and contacts in other advocacy and civil rights organizations that promote restorative & distributive justice concerns -- eg, City's Committee to Dismantle Racism, Partnership for Strong Families (State-delegated foster/adoptive care lead agency), Habitat for Humanity, United Way, County Depts of Public Health and Social Support Services, NAACP, etc.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Yes, as follows:
1. CoC-lead conducts PIT and HIC surveys & uses findings for board & workgroup strategic planning & project prioritization;
2. CoC-lead & HMIS-lead develop strategic plan with CoC-wide input and present to board for revision and approval;
3. CoC Resources Workgroup uses HUD goals and CoC strategic plan to formulate ranking criteria for project priorities & establishes Review Panel to rank CoC projects;
4. CoC board, general meetings and workgroups continually discuss needs & service gaps to guide project development & grant initiatives;
5. HMIS workgroup establishes reporting standards, monitors performance, and consults & trains members to ensure collection of necessary useful data;
6. CoC general meetings resolve conflicts & obstacles to service provision (recent issues: removing City code restrictions on meal provision, City provision of public toilet facilities, issues of police warrant clearances, dealing with City sweeps of encampment areas, disturbance issues in encampments & public sites, storage of homeless baggage);
7. CoC workgroups (a) hold annual homeless services fair to disseminate info to homeless and educate public on homelessness, (b) hold annual dinner for homeless to air issues and hear input on needs and concerns, (c) partner on annual Homeless Veterans services fair.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

1. CoC/Coalition-lead and CoC HMIS-lead meet regularly with City/County representatives (Commissioners, 10 Year Implementation Committee, Housing & Development planning staff) to provide information for developing the Plan;
2. City and County (department reps, police) members of the CoC/Coalition regularly attend CoC general & workgroup meetings to stay informed and provide input;
3. The City & County are provided with quarterly update reports from which information is used to complete the Consolidated Plans;
4. The CoC/Coalition-lead is a member of the City/County 10 Year Implementation Committee which recently merged its plan with the CoC Action Plan;
5. City/County officials often seek consultation, information and partnership from the CoC-lead, HMIS-lead, and CoC member agencies.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The NCF-CoC and its jurisdictional partners meet bi-monthly to discuss implementation of the 10-Year Plan. The action plan for the 10-Year Plan and the NCF-CoC action plan have been merged so we are now operating as a full community to implement the CoC Action Plan. A full review of the plan occurs bi-annually, with targeted updates occuring at least semi-annually.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The goals of the Federal Strategic Plan (FSP) are directly addressed in our local Action Plan. Each of our planned strategies and goals relate directly back to the FSP.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): None

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

Heretofore, the NCF-CoC has not been instrumental in ESG performance standards, outcomes and funding policies. Based on current requirements, we will be developing said standards and implementing them in partnership with our ESG providers throughout the upcoming year.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$80,569				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Pleasant Place	FL0109B4H081104	SH	$80,569	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Pleasant Place
Grant Number of Eliminated Project:	FL0109B4H081104
Eliminated Project Component Type:	SH
Eliminated Project Annual Renewal Amount:	$80,569

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$80,000				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
3	HMIS Expansion	HMIS	$80,000	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	3
Proposed New Project Name:	HMIS Expansion
Component Type:	HMIS
Amount Requested for New Project:	$80,000

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$80,569
Amount requested for new project(s):	$80,000
Remaining Reallocation Balance:	$569

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	147	**Beds**	138	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	65	**%**	70	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	65	**%**	60	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	38	**%**	20	**%**
Decrease the number of homeless households with children	150	**Households**	113	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Several anticipated programs, which would have provided PSH beds did not come online. Although our unemployment rate went down, most of the jobs added in our community were not entry level positions or of a skill level for which most of our homeless persons could apply.

How does the CoC monitor recipients' performance? (limit 750 characters)

At this time, we only look at basic financial stability, active participation in the CoC, and active participation in the HMIS. Policies and procedures for monitoring performance more fully are being developed and will be in place prior to the end of the year.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

At this time, the primary full-fledged assistance has been extensive training and consultation to member agencies on implementing and using the HMIS. Policies and procedures for monitoring performance more comprehensively are being developed and will be in place prior to the end of the year.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

At this time, the primary assistance given has been encouragement and education in using the HMIS, both as a performance standard in itself and as a tool for self-monitoring performance. Policies and procedures for monitoring performance more comprehensively are being developed and will be in place prior to the end of the year.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
-	-	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)

The CoC lead office uses entry/exit data from HMIS to track length of time. We are encouraging the use of HMIS by additional service providers to help expand our ability to track length of time families remain in homelessness.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

We use data from HMIS to track additional spells of homelessness. We are encouraging the use of HMIS by additional service providers to help expand our ability to track additional spells of homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

1) The CoC lead has redeveloped its website to attract more persons for whom referrals can be made -- eg, a) by listing all CoC member providers with links to their websites, b) listing locations and times of all free meal and grocery provision, c) including photos of all CoC member agencies' facilities and front signs for identification and familiarity purposes (only corporate quarters of domestic violence shelter providers), d) including the extensive Community Resource Guide to social services for the homeless and at-risk, e) a blog to spark interest and understanding on the issues and concerns of the homeless and of homeless advocates;
2) We are strengthening collaboration by service providers within our CoC and working on a Coordinated Assessment System which should aid in outreach.
3) We have added new outreach efforts at a CoC level (eg, expanded service fairs, participation in Homeless Veterans service fairs, up-dating and distributing a wallet-sized Street Cards which lists service sites and contact information).
4) We have established outreach as one of our target activities in our CoC Action Plan.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

1) The CoC continues advocating and educating for the long-delayed One Stop Homeless Assistance Center, which at last is about to come to fruition and begin population with services by summer. It will provide housing for the homeless at different levels. It will also strongly focus on homelessness prevention and restoration from homelessness by offering job training, life skills building, workforce development, various forms of counseling, entrepreneurship, and other services aimed at preventing and ending homelessness;
2) The CoC meetings (board, general and work groups) are yielding stronger, more informed and functional collaborations among prevention providers;
3) The CoC HMIS-lead is publicizing and training for the use of HMIS to increase provider awareness of gaps in services that they are called to fill;
4) The CoC board and general meeting have approved a strategic plan which calls for a multi-pronged effort to end homelessness -- by increasing the supply of decent affordable housing (including dormitory, hostel and boarding type facilities with built-in community support), increasing employment and wages, and increasing life skills that promote relational and economic prosperity -- and its work groups are gearing up to execute action plans to meet these objectives.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	240	92
2011	498	138
2012	679	138

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC uses the HUD definition for chronic homeless eligibility. Data is collected during our Point In Time survey. The CoC member agencies are maturing in HMIS competence so HMIS data will soon be an important data source.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

Two causes seem evident for our large increase: 1) Data collected in the PIT and anecddotally indicates the recesssion has extended average length of homelessness so more are now considered chronically homeless. Our local economy is not creating new jobs for the poor and subsidized housing has not increased; 2) The CoC-lead and member agencies and volunteers are becoming more adept at conducting our PIT and find new pockets of homeless persons each time we do the survey, including many persons who have been in community for some time but were never previously counted.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$0	$0	$0	$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	47
b. Number of participants who did not leave the project(s)	72
c. Number of participants who exited after staying 6 months or longer	52
d. Number of participants who did not exit after staying 6 months or longer	41
e. Number of participants who did not exit and were enrolled for less than 6 months	3
TOTAL PH (%)	78

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	53
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	32
TOTAL TH (%)	60

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 145

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	25	17%
Unemployment insurance	3	2%
SSI	4	3%
SSDI	3	2%
Veteran's disability	2	1%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	0	0%
General assistance	0	0%
Retirement (Social Security)	2	1%
Veteran's pension	1	1%
Pension from former job	0	0%
Child support	3	2%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	97	67%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 145

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	75	52%
MEDICAID health insurance	3	2%
MEDICARE health insurance	1	1%
State children's health insurance	0	0%
WIC	1	1%
VA medical services	3	2%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	4	3%
Other source	0	0%
No sources (from Q26a2.)	45	31%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	Yes

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	No

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply):

None of the above

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	No

If 'Yes', describe the process and the frequency that it occurs:

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If 'Yes', indicate all meeting dates in the past 12 months:

December 9, 2011; March 20, 2012; April 17, 2012;May 3, 2012; May 15, 2012; July 17, 2012; July 26, 2012; August 7, 2012; August 21, 2012; August 22, 2012; September 18, 2012; October 2, 2012; October 22, 2012; October 29, 2012; November 27, 2012; January 8, 2013

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If 'Yes', identify these staff members:	Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:	Yes
If 'Yes', specify the frequency of the training:	annually (every year)
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training?	No

If 'Yes', indicate training date(s):

We have participated in previous years but not in the current year.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	75%
1a. Describe how service is generally provided:	
Providers are partner agencies in ACCESS, the State's system for enrolling clients	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	10%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
SNAP, Medicaid, TANF (State form, only used for these thrree programs.)	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	10%
4a. Describe the follow-up process:	
Staff at 2 agencies are SOAR trained and regularly follow-up.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?	No
Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?	No

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	FL-508 Certificat...	01/16/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: FL-508 Certification of Consistency

Attachment Details

Document Description:

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2013
1C. Committees	01/18/2013
1D. Member Organizations	01/18/2013
1E. Project Review and Selection	01/18/2013
1F. e-HIC Change in Beds	01/18/2013
1G. e-HIC Sources and Methods	01/18/2013
2A. HMIS Implementation	01/18/2013
2B. HMIS Funding Sources	01/15/2013
2C. HMIS Bed Coverage	01/18/2013
2D. HMIS Data Quality	01/18/2013
2E. HMIS Data Usage	01/16/2013
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	01/15/2013
2H. Sheltered PIT	01/18/2013
2I. Sheltered Data - Methods	01/18/2013
2J. Sheltered Data - Collections	01/15/2013
2K. Sheltered Data - Quality	01/16/2013
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/15/2013
2N. Unsheltered Data - Coverage	01/15/2013
2O. Unsheltered Data - Quality	01/15/2013
Objective 1	01/18/2013
Objective 2	01/18/2013
Objective 3	01/18/2013
Objective 4	01/18/2013

Objective 5	01/18/2013
Objective 6	01/18/2013
Objective 7	01/18/2013
3B. Discharge Planning: Foster Care	01/18/2013
3B. CoC Discharge Planning: Health Care	01/18/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/16/2013
3F. Eliminated Grants	01/16/2013
3G. Reduced Grants	No Input Required
3H. New Projects Requested	01/16/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/18/2013
4C. Housing Performance	01/16/2013
4D. CoC Cash Income Information	01/16/2013
4E. CoC Non-Cash Benefits	01/16/2013
4F. Section 3 Employment Policy Detail	01/16/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/18/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/18/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
Submission Summary	No Input Required

OMB Approval No. 2506-0112 (Exp. 3/31/2010)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: See Attached List

Project Name: See Attached List

Location of the Project: See Attached List

Name of the Federal Program to which the applicant is applying: FY2012 US Dept of HUD Continuum of Care Homeless Assistance

Name of Certifying Jurisdiction: State of Florida, Department of Economic Opportunity

Certifying Official of the Jurisdiction Name: Stacie Anderson

Title: Community Assistance Consultant / GOC I

Signature: Stacie L Anderson

Date: 1/15/13

North Central Florida Continuum of Care (FL-508)
Lead Agency: Alachua County Coalition for the Homeless and Hungry, Inc.
FY2012 HUD Homeless Assistance Consolidated Application

Per HUD 2991, the following projects are consistent with the State of Florida Consolidated Plan:

NEW PROJECTS

APPLICANT NAME	PROJECT NAME	LOCATION	TYPE
Peaceful Paths DV Network	Scattered Permanent Hsg	Office 2100 NW 53 Ave, Gainesvl FL	PSH
Another Way	Permanent.Hsg DV - Chiefland	Office POB 1028, Lake CityFL	PSH
Another Way	Perm Hsg DV – Fanning Spgs	Office POB 1028, Lake CityFL	PSH

RENEWALS

APPLICANT NAME	PROJECT NAME		TYPE
Peaceful Paths	Rural SSO	Office 2100 NW 53 Ave, Gainesville FL	TH
Another Way	Trans.Hsg DV- Chiefland	Office PO Box 1028, Lake City FL	TH

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: See Attached List

Project Name: See Attached List

Location of the Project: Gainesville/Alachua County, Florida

Name of the Federal Program to which the applicant is applying: FY2012 U.S.Dept of HUD Continuum of Care Homeless Assistance

Name of Certifying Jurisdiction: City of Gainesville

Certifying Official of the Jurisdiction Name: Jacqueline Richardson

Title: Housing & Community Development Manager

Signature:

Date: 01/14/2012

North Central Florida Continuum of Care (FL-508)
Lead Agency: Alachua County Coalition for the Homeless and Hungry, Inc.
FY2012 HUD Homeless Assistance Consolidated Application

Per HUD 2991, the following projects are consistent with the City of Gainesville's Consolidated Plan:

NEW PROJECTS

APPLICANT NAME	PROJECT NAME	LOCATION	TYPE
CDS Behavioral Health	Transitional Hsg	4300 SW 13 St, Gainesville FL	TH
Peaceful Paths DV Network	Permanent Hsg	2100 NW 53 Ave, Gainesvl FL	PSH
Alachua County Housing Auth	HMIS Expansion	703 NE 1st St, Gainesville, FL	HMIS
Alachua County Coalition for the Homeless and Hungry	Planning	703 NE 1st St, Gainesville FL	Planning

RENEWALS

APPLICANT NAME	PROJECT NAME		TYPE
Alachua County Housing	HMIS	703 NE 1st St, Gainesville, FL	HMIS
City of Gainesville	MBH/HOPE	Scattered Sites	TH
City of Gainesville	VETSPACE	Scattered Sites	TH
Peaceful Paths	Transition House	2100 NW 53 Ave, Gainesvl FL	TH
Another Way	Trans.Hsg DV	PO Box 1028, Lake City FL	TH
Gainesville Housing Authority	GHA/VETPORT	Scattered Sites	TH
Gainesville Housing Authority	MBH/PATH	Scattered Sites	TH

Please note: An additional HUD Form 2991 follows this page and certifies project consistency with the documents relevant to Levy County, FL, for Another Way's Transitional Housing project.